

CALIFORNIA DEPARTMENT OF INSURANCE

WORKERS' COMPENSATION INSURANCE -- RATE FILING FORM

1. General Filing Information

For Department of Insurance use only

RFB/WC File Number:

Date Received

Insurer NAIC company code: _____

NAIC group code: _____

Your file number: _____

Latest applicable CDI file #
in this line, sub-line, or program. _____

Insurer name & address: _____

Name of person responsible for filing: _____

Title: _____

Telephone no: _____

FAX no: _____

Internet/E-Mail address: _____

Proposed effective date - This filing will apply to new & renewal policies as of: _____

Proposed overall rate level change: _____ % (required)

Proposed overall change in collectible premium: _____ % (required)

Insurer direct written premium for 2003:

California workers' compensation: \$ _____

Aggregate, all lines, all states: \$ _____

Aggregate in California workers' comp. in the
classes or program affected by this rate filing. \$ _____

The insurer's manual rates will be the combination of the pure premium rate and the pure premium rate modifier(s) and deviations the insurer specifies under item 2A, on page CA-WC 2. The rates will apply to policies issued on and after the effective date of the rate filing and may not apply on a mid-term basis. An annual rate filing must be made subsequent to each pure premium rate filing providing updated manual rate pages and indicating whether the insurer intends to adopt the most recent or prior advisory pure premium rates and classification code revisions, rate relativity changes, or whether it intends to retain or modify its pure premium rate multiplier.

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(Provide a diskette containing Insurer's Manual Rates saved as an Excel file)

2. Pure Premium Rate Filings

A. Pure Premium Rate Deviation (If any)

(Complete A.1 or A.2, or both. Permits: deviation from the advisory Loss & LAE provisions; & tiered rating)

1. By reference to Department of Insurance Ruling # _____ Effective Date: _____

a. Pure premiums without deviation (factor = 1.00) _____

b. Pure premiums with the following deviations (check one):

(1) _____ Uniform class modification, factor = _____
(Provide supporting Loss & LAE data and rationale.)

(2) _____ Selected class modifications. **(Provide a list of deviations and classifications to which they apply. Include supporting Loss Ratio data)**

2. Non-reference filing. Insurer has developed and filed pure premiums and rates without reference to, or reliance on, the approved pure premiums of the WCIRB.
(Non-reference filings must include sufficient actuarial justification that follows the scope and format the WCIRB has filed to support its most recent filing)

B. Underwriting Expense Loading = [1/ line 10 total, expressed as a factor]: _____

Projected expenses (ratio to standard premium at proposed company rates).

1. Commission _____ %

2. Other acquisition expense _____ %

3. General expense _____ %

4. Taxes, licenses, & fees _____ %

5. Profit & contingencies, including offset for investment income _____ %

(Investment income, separately stated _____ %)

(= profit & contingency provision minus investment income provision. Attach an exhibit showing how the insurer arrived at its underwriting profit load and how it reflected investment income in the derivation of the profit loading)

6. Lobbying & political advertising expense _____ %

7. Penalties, fines and bad faith judgments _____ %

8. Other off-balance provisions **(provide supporting exhibit)** _____ %

9. TOTAL PROJECTED EXPENSES _____ %

10. Permissible Loss and LAE Ratio (= 100% minus line 9) _____ %

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C. Final Pure premium rate modifier (A x B) _____
(Applies to pure premium rates after any deviations & after the projected expense loading above)

D. Historical Losses, LAE, and Expenses Attach an exhibit that details the insurer's expenses in the above categories for the last 3 years ending 12/31/03, and include a complimentary 3 year historical Loss & LAE exhibit, and Projected Loss Ratio. Provide an actuary's opinion pursuant to Section 2509.32 (j) of the Regulations.

3. New or Revised Rating Plans and Supplementary Rate Information

For each new rating plan filing or revision, submit exhibits, manuals, and endorsement forms that explain how the plan applies and how the rates or factors in this plan will be applied. For each item checked in the left column, state the source of the plans in the right column. If your company is adopting by reference an unmodified WCIRB rating plan, do not submit a copy of the entire plan. Simply reference the Bureau plan below, and provide the expense related rating values used in computing the premiums.

*Check off new submissions or revisions affected by this filing in the left column.
Indicate source of affected rating plan or program in the right column.*

SOURCE CODES: WCIRB: 1 NCCI: 2 INDEPENDENT/INSURER: 3 OTHER: 4

| | |
|--|-------|
| _____ Classification Minimum Premiums | _____ |
| _____ Expense Constants, Policy Fees, or other Fixed Policy Charges | _____ |
| _____ Retrospective Rating Plan(s) | _____ |
| _____ Claim Deductible / Loss Reimbursement Plan(s) | _____ |
| _____ Rating and Underwriting Manual | _____ |
| _____ Premium (size-of-risk) Discount | _____ |
| _____ Schedule Rating or other Merit Rating plan(s) | _____ |
| _____ Excess Workers' Compensation Rates | _____ |
| _____ Group Insurance Program | _____ |
| _____ Managed Care / Coordinated Benefits Provision(s) | _____ |
| _____ Waiver of Subrogation / Right to Recover Rates | _____ |
| _____ Tiered Rating Underwriting Guidelines (intra-group placement criteria) | _____ |
| _____ Installment Fees or Deposit Premium Schedules and Charges | _____ |
| _____ 1 Insolvent Insurer Experience Rating Adjustment Plan | _____ |
| _____ Other Plan(s). Describe: _____ | _____ |

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4. Classification System

_____ Current WCIRB classification system adopted without modification (Effective 1/1/2004)

_____ WCIRB classification system adopted with modifications (Attach exhibits that (1) describe in detail all modifications and (2) demonstrate how the data thereby produced can be reported consistent with the Uniform Statistical Plan and include letter of certification from the WCIRB).

*Signature of person responsible
for filing*

Signature/Title of corporate officer
**NOTE: This form must be signed by a
legally responsible corporate officer.**

Date signed

Date signed